## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee unifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Customer Number 22801 Lee & Hayes PLLC 601 W Riverside Ave Suite 1400 Spokane, WA 99201

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPIO (571) 273-2885, on the date indicated below.

| N/A Filed via EFS -WEB | (Depositor's name) |
|------------------------|--------------------|
|                        | (Signature)        |
|                        | (Date)             |
| ·                      |                    |

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.

| 10/800,251  | 3/12/2004  |   | Peter T. Barrett  | MS1                          | - 1757US                  | 8848                       |  |  |
|---|--|---|---|------------------------------|---------------------------|----------------------------|--|--|
| TITLE OF INVENTION  |  |   |   |                              |                           |                            |  |  |
| Architecture for Distributed Sending of Media Data  |  |   |   |                              |                           |                            |  |  |
|   |  |   |   |                              |                           |                            |  |  |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSUE FEE         | TOTAL FEE(S) DUE          | DATE DUE                   |  |  |
| nonprovisional  | NO   | 1510  | 300   |                              | 1810                      | 11/20/2009                 |  |  |
| EXAMINER ART UN   |  | ART UNIT  | CLASS-SUBCLASS  |                              |                           |                            |  |  |
| Mark P.   | Stanley  | 2427  |   |                              |                           |                            |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37  |  | 2. For printing on the p  | atent front page, list  |                              | B                         |                            |  |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,   |   |                              |                           |                            |  |  |
| Address form P10/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form  |  | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 |   |                              |                           |                            |  |  |
| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |  | 2 registered patent attorneys or agents. If no name is 3  |   |                              |                           |                            |  |  |
| 3. ASSIGNEE NAME A  | AND RESIDENCE DATA                                     | A TO BE PRINTED ON  | THE PATENT (print or typ  | e)                           |                           |                            |  |  |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |  |   |   |                              |                           |                            |  |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (C)   |  |   | (B) RESIDENCE: (CITY  | Y and STATE OR COUNTRY)      |                           |                            |  |  |
| Microsoft Corpora   | tion   |   | Redmond WA  |                              |                           |                            |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💋 Corporation or other private group entity 🔲 Government   |  |   |   |                              |                           |                            |  |  |
| 4a. The following fee(s)  | are submitted:   | 4   | b. Payment of Fee(s): (Plea   | se first reapply any prev    | iously paid issue fee sh  | own above)                 |  |  |
| ✓ Issue Fee   |  |   | A check is enclosed.  |                              |                           |                            |  |  |
|   | No small entity discount j                             |   | Payment by credit card. Form PTO 2038 is attached. Fees paid via EFS Web.   |                              |                           |                            |  |  |
| Advance Order -   | # of Copies  |   | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                              |                           |                            |  |  |
| 5. Change in Entity Sta   | tus (from status indicate                              | d above)  |   | _                            |                           |                            |  |  |
| a. Applicant clain  | ns SMALL ENTITY state                                  | as. See 37 CFR 1.27.  | ☐ b. Applicant is no lon  | ger claiming SMALL ENT       | TITY status. See 37 CFR   | 1.27(g)(2).                |  |  |
| NOTE: The Issue Fee ar<br>interest as shown by the  | nd Publication Fee (if req<br>records of the United St | uired) will not be accepte<br>tes Patent and Trademark  | d from anyone other than to<br>Office.  | ne applicant; a registered a | attorney or agent; or the | assignee or other party in |  |  |
|   |  |   |   |                              |                           |                            |  |  |

Typed or printed name Randall T. Palmer Registration No. 61440 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, greating, and this form and/or suggestion. For reducing this barden, should be sent to the Chef Information Officer. U.S. Pateriane U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-1450. DO NOT SEND FIES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Authorized Signature \_/Randall T, Palmer 61440/

Date \_\_08/28/09